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CONFIRMATION NO. 1857

Bib Data Sheet

|                             |                                       |              |                        |                                       |
|-----------------------------|---------------------------------------|--------------|------------------------|---------------------------------------|
| SERIAL NUMBER<br>10/057,286 | FILING DATE<br>01/25/2002<br><br>RULE | CLASS<br>343 | GROUP ART UNIT<br>2821 | ATTORNEY<br>DOCKET NO.<br>7784-000395 |
|-----------------------------|---------------------------------------|--------------|------------------------|---------------------------------------|

## APPLICANTS

Ronald Steven Carson, Renton, WA;

## \*\* CONTINUING DATA \*\*\*\*\*

*H* *h* NONE

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*H* *h* NONE

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 02/25/2002

|   |   |                           |                        |                       |                            |
|---|---|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR<br>COUNTRY<br>WA | SHEETS<br>DRAWING<br>4 | TOTAL<br>CLAIMS<br>25 | INDEPENDENT<br>CLAIMS<br>3 |
| Verified and<br>Acknowledged                                | Examiner's Signature <i>[Signature]</i> Initials <i>H</i>   |                           |                        |                       |                            |

## ADDRESS

27572  
 HARNESS, DICKEY & PIERCE, P.L.C.  
 P.O. BOX 828  
 BLOOMFIELD HILLS, MI  
 48303

## TITLE

AIRCRAFT PHASED ARRAY ANTENNA STRUCTURE INCLUDING ADJACENTLY SUPPORTED EQUIPMENT

|                                    |   |   |
|------------------------------------|---|---|
| FILING FEE<br><br>RECEIVED<br>1252 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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